



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

December 13, 2002
REVISED

MEMORANDUM

To: CAP-MR/DD Service Providers
Area Program CAP-MR/DD Coordinators
Area Program MR/MI Coordinators

From: Lisa Haire *LH/CD*
Acting Branch Head, Operations and Fiscal Management

Subject: TB Tests for CAP-MR/DD Direct Care Staff

With the re-engineering of the CAP-MR/DD waiver, steps are being taken to bring regulations for CAP-MR/DD into alignment with the rest of the Division of MH/DD/SAS. These changes in regulations will go into effect upon approval of the CAP-MR/DD technical amendment and the subsequent revision of the CAP-MR/DD Manual. We anticipate approval of the technical amendment within the next few months.

In advance of the technical amendment and distribution of the Manual revisions, a change is being made to the requirements for TB testing for CAP-MR/DD direct care staff. Enrolled CAP-MR/DD providers are no longer required to obtain a medical statement for their staff indicating the absence of any indication of active tuberculosis. Effective immediately, CAP-MR/DD provider agencies shall adhere to the following personnel requirement as cited in the *Rules for MH/DD/SAS Facilities and Services, Temporary Amendment Effective November 1, 2001* which states the following:

"The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients".

Area Programs: Please distribute this memorandum to the providers on your CAP-MR/DD provider list.

Should you have questions regarding this change in policy, please contact your regional CAP-MR/DD consultant.

cc: Carol Robertson, DMA
Diane Holder, DMA
CAP-MR/DD and MR/MI Regional and Office Staff
Regional DD Coordinators

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